



Mandatory MLTC / Care Coordination Model - Status

January 26, 2012
Office of Health Insurance Programs
Division of Long Term Care



Basic Framework

- Eligibility Criteria

- Dual Eligible

- Definition of Community-Based Long Term Care Services

- recipients requiring more than one hundred and twenty (120) days of Community Based Long Term Care services.
 - Community Based Long Term Care services defined as the following:
 - Consumer Directed and Non Consumer Directed
 - Personal Care Services
 - Certified Home Health Agency Services
 - Long Term Home Health Care Program Services
 - Adult Day Care Services
 - Private Duty Nursing Services



Basic Framework

Assessment Tool

Currently use SAAM – transition to UAS-NY

Care Coordination Model Work of MRT:

Posting of Principles and Guidance – completed and released

Certificate of Authority application – completed and released

Receive and review application – ongoing

MLTC Expansion

Review applications - ongoing



Mandatory Enrollment

- New dual eligible requesting CB-LTC services will be referred to Maximus for education and enrollment
- In service cases will be transitioned in batches:
 - Approximately 2,000 people/month
 - By borough, by zip code



Proposed Enrollment Plan for New York City – Phase 1

| 2012 | Personal Care | Consumer Directed Personal Assistance | LTHHCP, CHHA over 120 days, Adult Day Health Care, Private, Duty Nursing |
|-----------|---------------|---------------------------------------|--|
| April | N | | |
| May | N | | |
| June | N, B | | |
| July | N, B | N, B | |
| August | N, B, K | N, B, K | |
| September | N, B, K | N, B, K | |
| October | N, B, K, Q, R | N, B, K, Q, R | |
| November | N, B, K, Q, R | N, B, K, Q, R | N, B, K, Q, R |
| December | N, B, K, Q, R | N, B, K, Q, R | N, B, K, Q, R |

N=New York, B=Bronx, K=Kings, Q=Queens, R=Richmond



Rest of State Enrollment

- Phase II – Nassau and Suffolk – 1/13
- Phase III – Rockland, Orange and Westchester – 6/13
- Phase IV – Albany, Erie, Onondaga and Monroe -12/13
- Phase V – Other counties with capacity -6/13
- Phase VI – Previously excluded groups (contingent upon development of appropriate programs)



Excluded Until Program Features are Developed

- Participants in:
 - Nursing Home Transition and Diversion waiver
 - Traumatic Brain Injury waiver
 - Assisted Living Program
 - Limited Licensed Home Care
 - Adult Family Foster Care
 - Nursing Home residents (although required to enroll if returning to the community in need of CB-LTC services over 120 days)



Enrollment Choices

- **All those mandatorily enrolled may choose:**
 - Managed Long Term Care Partial Capitation Plan (MLTCP).
 - Care Coordination Model (CCM)
 - New model that allows entity to phase in benefit package and reserves.



Additional Enrollment Choices

- If additional enrollment criteria met, person can also choose :
 - Program of All-Inclusive Care for the Elderly (PACE)
 - Age 55 and older
 - Nursing Home eligible
 - Medicaid Advantage Plus
 - Nursing Home Eligible
- Duals cannot be auto-assigned to these plan types because of the requirement to enroll for Medicare as well as Medicaid



Auto Assignment Development

Discussions under way with CMS and Maximus as the enrollment broker:

- Determine appropriate time frame for auto assignment to accommodate linkage between any current service provider/plan of care and plan who receives assignment
- Generation of notices : 1) Ensure recipients have no less than 60 days to select plan; 2) Development of notice language underway (modeling from notices to SSI population)
- Monitoring voluntary activity of current MLTC



Outreach, Training and Education

- **Targeted Education of Health Care Providers and Consumers**
 - Identify target groups for education and outreach, determine methods (consumers, hospitals, discharge planner, physicians, clinics, community agencies, home care providers, other providers)
 - Align continuity of short term FFS provider to MLTC/CCM
 - Education to ensure choice and preserve options of NHDTW, LTHHCP, MFP, as appropriate
- **Ongoing Education and Communication**
 - Periodic Medicaid Update Articles
 - MLTC/Health Plan Meetings
 - HRA/Home Attendant Vendors
 - Education and definition of role of LDSS in non-mandatory counties



Outreach, Training and Education

- **Targeted Training Activities**
 - Fair Hearing Staff
 - Local Department of Social Services/HRA
 - Enrollment Broker
 - Computer Sciences Corporation (CSC)



Enrollment Broker

○ Extensive training underway

- Broker developing education materials for enrollees, provider community and referral sources.
- Broker to provide education and referral to consumers and providers in mandatory counties
- Broker will participate in the choice /auto assignment process with consumers
- Toll free number enrollment/disenrollment issues; exploring processes to assure enrollees are supported
- Contract allows for broker to review and approve denials of enrollment, involuntary disenrollment, annual NH level of care deeming (PACE + MAP only).
- Issue FH notices and attend hearing as indicated
- Planning educational sessions for referral sources, providers, consumers



Contracts

○ The Process

- Drafting language for mandatory environment
- Process for all partial cap plans, draft “as applicable” for when any portion of their service areas becomes a mandatory county
- Distinct application for MAP and PACE with regard to NH Level of Care requirements and applicability to the auto assignment.
- CMS approval
- Execute with plans
- External review/approval (OSC and AG)



Contracts

Care Coordination Model

- Develop model agreement for CCM
- CMS approval
- Execute with plans
- External review/approval

Network Certification

- Establish process/ criteria/timeframes
- Consider requiring MLTC in NYC to contract with entire HRA Home Attendant Vendor group

Contract Language

- ADA Compliance
- Olmstead



Quality/Metrics

Data:

- SAAM data
- Grievance and appeals
- Network adequacy
- Complaints
- Financial
- Encounter
- Consumer Satisfaction

Reporting:

- Consumer Satisfaction – released Fall 2011
- Plan specific Reports
 - 2011 – Benchmarking with Plans
 - 2012 – Release to Public



Rate Update

- Rates for MLTC plans for SFY 2011-12 have been sent to eMedNY for payment. Retro settlements, back to April 1, 2011, are scheduled for early February.
- Rate enhancements, effective July 1, 2011, for plans experiencing enrollment bump and risk score increase due to CHHA provider cap have been approved and will be paid shortly.
- Discussions are underway between DOH and our actuary, Mercer, on rate development issues and timeframes for SFY 2012-13 rates, encompassing MLTC mandatory enrollment issues.
- DOH and MLTC plan coalitions are in discussions regarding the State's risk corridor proposal for new enrollees into MLTC plans.



Issues/Concerns

List of Stakeholders



Next Steps